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\*\* CONTINUING DATA \*\*\*\*\* *NONE* \*\*\*\*\*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>KS</i>				

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## TITLE

Walsh code allocation/de-allocation system

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